

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		③		1		
7		①		1		
8		①		1		
9		①	1			
10		①		1		
11		①		1		
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49						
50						
TOTAL IND.			3			
TOTAL DEP.				11		
TOTAL CLAIMS				14		

	1*		2*		3*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS